

Medicine by John Grauerholz, M.D.

AIDS holocaust enveloping Africa

The rate of infection and illness has now reached such proportions, that the very survival of Africa is threatened.

Exactly as *EIR* and leading AIDS authorities such as Dr. John Seale, insisted over two years ago, a full-blown AIDS holocaust is now enveloping the African continent.

According to the German review *AIDS Forschung*, AIDS is killing increasing numbers of children and pregnant women in Africa. The article, by a specialist who wishes to remain anonymous, presents the following picture: "It is a not-unreasonable worst prediction that 70% seropositivity in all sexually active adults could be reached in Africa in the next decade. At that rate of seropositivity, progression among the sexually active males will be 7% to AIDS related complex (ARC) and 0.7% to AIDS per annum; for fertile women 30% to AIDS within a five year period; and for infants 24% to AIDS within two years of birth with another 24% infected with the virus. These predicted figures are appalling, but are all supported by our present knowledge of the progress of the epidemic and the development of the disease in men, pregnant women, and neonates."

The author goes on: "[Infant] mortality of 55% before reproductive age is in excess of what can be replaced by the apparent maximum female fertility and the population will decline. It is predicted that AIDS will increase both infant and childhood mortality beyond this critical level and also drastically reduce female fertility. . . . We are still only at the beginning of this disastrous epidemic in Africa. Africa today foretells the future of all other continents, unless there is

an effective worldwide strategy for prevention."

In Uganda, where 10% of the population—1.4 million people—are already infected with HIV, the situation was described in a March 21 article in the London *Economist*. "Almost every adult in Kampala will have the AIDS virus within ten years. It is estimated that 16,000 people in Kampala are already infected, but this is not even the worst-hit area in Uganda. In the area of the South-West, bordering Burundi, Rwanda, Eastern Zaire, and Tanzania, one-third of the people are already infected."

A previous article in the *Guardian* of Feb. 4 described the situation in Uganda "The situation is bad, very bad," one doctor from Kyoterra is quoted. "At the beginning it used to be a young man's disease, but now it is no longer age specific. My landlord has lost four people in the last year, three brothers and a nephew. People have stopped working. Their job is burying every day." Dr. Wilson Carswell, working at a hospital at Mulago, stated: "Next year we'll see the apocalypse. Come back to Kampala then. . . ."

The problem of getting accurate information is typified by Zaire, one of the epicenters of the Central African "AIDS belt." While some researchers estimate that 30-40% of the population is infected, according to the Feb. 14 *Süddeutsche Zeitung*, Zaire does not report its AIDS cases to the WHO. At one large hospital in Kinshasa, AIDS patients are discharged immediately after diagnosis, and beds

are given to other patients who may recover, according to the "Panos" Report "AIDS and the Third World."

Yet the government of Zaire was one of the first African governments to react in terms of research. A three-year-old program, called "Project SIDA," is based in Kinshasa and staffed by 15 Zairian, European, and American doctors and 15 Zairian technicians. The research, which started in 1984, is largely financed by U.S. sources, the Centers for Disease Control (CDC), and the National Institutes of Health. According to Dr. Robert W. Ryder, the American director of the project, the project can follow thousands of AIDS victims—which would be difficult and prohibitively expensive in the United States—because of low labor costs in Zaire.

The project is looking at three study groups: AIDS carriers, AIDS carriers who are pregnant, and couples in which one partner has AIDS and the other does not. The team hopes to detect the risk factors that cause a healthy carrier to come down with the disease. "According to some theories, a little syphilis or a little gonorrhea can activate the virus," Dr. Ryder said. He hopes to announce preliminary results at the Third International Conference on AIDS to be held in Washington, D.C. at the beginning of June.

While this sort of research is a useful start, it is quite obvious from the extent of the problem that any useful results will be too little, too late unless a massive crash program is rapidly implemented in the area of general public health and sanitation in Africa and in the United States. Since the 10% level of infection of the population of New York City, reported by health commissioner Dr. Steven Joseph, approximates that of countries such as Uganda, Dr. Carswell's apocalyptic predictions for Uganda may have somewhat wider applicability.